Plate No. ....

Register No. ....

G. KAR MEDICAL COLLEGE & HOSPITAL
Electro Therapeutic Department

R418092653

Report / Treatment is required of

Name.......... Jaya Dhar   Age. 55yr   Sex.. F

Address............................

Physician / Surgeon.. Nemendin   Ward.. Nemend   No. of Bed / Cabin .. F7

Paying / Non Paying ....   maly

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated   MRI Brai (PFC)

Instruction

Date.......... 28/11 ....   Signature.. Namika Chttay

-- **REPORT** --